

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	IND	DEP	IND	DEP	IND	DEP						
1	1											
2												
3												
4												
5												
6	2											
7	1											
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19	1											
20												
21												
22												
23												
24	1											
25												
26												
27												
28												
29												
30												
31												
32												
33												
34	1											
35												
36												
37												
38												
39												
40												
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												
TOTAL IND.	3											
TOTAL DEP.	31											
TOTAL CLAIMS	31											

TOTAL IND. _____
TOTAL DEP. _____
TOTAL CLAIMS _____